What's in a Name in Drugs?

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Science and Man

AS THE FEDERAL Government takes over increasing responsibility for medical care, it is inevitable that it will embark on more systematic supervision of its cost factors — such as physicians' fees and drug prices.

Naturally, the anxieties of the interested parties played a significant part in their political stance on Medicare and related welfare services.

At the moment, several Congressmen are decrying the price differential between "cut-rate" drugs available under generic names and similar compounds marketed under brand names. Laws are being contemplated that would require drugs furnished under Medicare to be generically named and priced.

The drug industry will respond that its capacity to function as a free enterprise is founded on the competition of products differentiated by their brand names. This differentiation is reinforced by state laws that generally prohibit a pharmacist from substituting any drug for one prescribed by brand.

According to most pharmaceutical companies, the prohibition of brand names would be tantamount to nationalizing the drug industry —a drastic measure that should be studied in depth before partial steps toward it are implemented.

To choose an arbitrary example, brand names like Miltown or Equanil refer to the same drug, whose generic name is meprobamate. These names are valuable properties for their owners. The value of such a property has been developed by investments in advertising and other promotion, which bear no relationship to the qualities of the drugs, nor to the risk capital that went into the underlying research — risk that might properly justify the extraordinary profitability of the industry.

This investment is now directed almost entirely at building up the brand name as a proprietary asset. This asset, as distinguished from the product resulting from research, is merely an image or verbal label designed to encourage reflex use in the physician's prescription-writing.

An advertising man, the late Pierre R. Garai, in a Johns Hopkins Conference on "Drugs in our Society," wrote perceptively that:

". . . approximately three-quarters of a billion dollars is spent every year by some 60 drug companies in order to reach, persuade, cajole, pamper, outwit and *sell* one of America's smallest markets—the 180,000 physicians. Direct mail, medical journal advertising, paramedical publications, closed-circuit television, canned radio, exhibits at conventions, samples, premiums, visits by detail men—these make up the mighty promotional weaponry the drug companies use to bombard their market. And it is not too much to say that perhaps no other group in the country is so insistently sought after, chased, wooed, pressured, and downright importuned as this small group of doctors who are the de facto wholesalers of the ethical drug business."

SUCH DISTORTION of the drug industry from creative research to competitive promotion is possibly a more serious fault than the inflation of drug prices. The advertising itself is a self-fulfilling reflection on the dignity and critical capacity of the medical profession. Full color ads, ten pages long, adorned with models posed "before" and "after" can hardly add to a doctor's scientific insight into the utility of a drug.

That such advertising also supports useful informational activities in the same journals complicates but does not justify the situation.

Whether generic drugs can, in fact, be safely substituted for branded products is a contentious question which may have no universal answer. A rule that insists on generic drugs, despite a physician's prescription, will lead to a head-on collision with professional judgments, and at the very least require a stringent, continuous monitoring of the products by the Government, should it take on this responsibility.

In addition, formulation details—binders, fillers, solvents or packaging—may, in a physician's sound judgment, alter the efficacy of the prescription. We then face a dilemma of policy: whether to risk a serious upset of drug development and medical responsibility, or to acquiesce in the use of Federal funds to reward the promotional more than the scientific performance of a particular company.

It may be possible to steer between the shoals and the whirlpool. Brand names as properties attached to individual drugs are at the root of many of the degradations of the industry. Medicare policy can be issued to discourage them, by recognizing only generic names of drugs. The physician's discretion can still be protected by preserving his right to prescribe a particular manufacturer, if he wishes, as the source of a drug and short codes can be developed to distinguish a variety of formulations.

The discrimination that will then be demanded of the doctor should encourage the wider use of cheaper generic forms unless the doctor intends otherwise. And the companies may be deflected in their promotional efforts away from selling brand names of products and toward the building of their institutional reputations.